

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000880

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 8

FILED JAN 21 1963

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cooper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville | | Length of stay in 1b 4 Months | c. CITY OR TOWN Bunceton |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R. F. D. |
| 3. NAME OF DECEASED (Type or print) First George Middle Bradley Last Harned | | 4. DATE OF DEATH Month January Day 13 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 16, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own farm | 9. AGE (last birthday) 73 |
| 11. BIRTHPLACE (City and state or country) Cooper County, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Benjamin Harned | | 13b. MOTHER'S MAIDEN NAME Betty Bradley | |
| 14. NAME OF HUSBAND OR WIFE Helen Vick Harned | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 16. SOCIAL SECURITY NO. 300 | | 17. INFORMANT Mrs. George B. Harned, Bunceton, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) ① Carcinoma - Generalized metastases DUE TO (a) ② Carcinoma, Prostate DUE TO (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) | | INTERVAL BETWEEN ONSET AND DEATH 2 Months 2 1/2 Years | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from SEPTEMBER 14TH, 1962 , to JANUARY 13TH, 1963 and last saw her/him alive on JANUARY 13TH, 1963 Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE E. T. Humphreys M.D. | | 22b. ADDRESS 329 MAIN STREET, BOONVILLE, MISSOURI | |
| 22c. DATE SIGNED 1-15-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE January 15, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Bunceton Masonic Cem. | |
| 23d. LOCATION (City, town, or county) Bunceton, Missouri. | | 23e. (State) | |
| 24. FUNERAL DIRECTOR Goodman & Boller Boonville, Mo. | | 25. DATE RECD. BY LOCAL REG. 1-15-63 | |
| 26. REGISTRAR'S SIGNATURE DD Hooper | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FEB 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.